

AMENDED IN SENATE JUNE 19, 2013

AMENDED IN SENATE JUNE 17, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 219

Introduced by Assembly Member Perea
(Coauthors: Assembly Members Olsen and Williams)
(Coauthor: Senator Wright)

February 4, 2013

An act to add Section 1367.656 to the Health and Safety Code, and to add Section 10123.206 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 219, as amended, Perea. Health care coverage: cancer treatment.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law imposes various requirements on contracts and policies that cover prescription drug benefits.

This bill would prohibit a large group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2014, and an individual or small group health care service

plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications from requiring an enrollee or insured to pay a total cost-sharing amount of more than \$100 per filled prescription. The bill would provide that ~~these provisions shall only apply to a high deductible health plan, as defined, linked to a health savings account once an~~, *with respect to a high deductible health plan, as defined, linked to a health savings account, these provisions shall apply only if the enrollee’s or insured’s deductible has been satisfied for the year.*

Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.656 is added to the Health and
- 2 Safety Code, to read:
- 3 1367.656. (a) Notwithstanding any other law, a large group
- 4 health care service plan contract issued, amended, or renewed on
- 5 or after January 1, 2014, that provides coverage for prescribed,
- 6 orally administered anticancer medications shall not require an
- 7 enrollee to pay a total cost-sharing amount of more than one
- 8 hundred dollars (\$100) per filled prescription.
- 9 (b) Notwithstanding any other law, an individual or small group
- 10 health care service plan contract issued, amended, or renewed on
- 11 or after January 1, 2015, that provides coverage for prescribed,
- 12 orally administered anticancer medications shall not require an
- 13 enrollee to pay a total cost-sharing amount of more than one
- 14 hundred dollars (\$100) per filled prescription.
- 15 (c) ~~This section shall only apply to a high deductible health plan~~
- 16 ~~linked to a health savings account once an enrollee’s deductible~~
- 17 ~~has been satisfied for the year. *With respect to a high deductible*~~

1 *health plan linked to a health savings account, this section shall*
2 *apply only if the enrollee’s deductible has been satisfied for the*
3 *year.* For purposes of this section, “high deductible health plan”
4 shall have the meaning as that term is defined in Section 223(c)(2)
5 of Title 26 of the United States Code.

6 SEC. 2. Section 10123.206 is added to the Insurance Code, to
7 read:

8 10123.206. (a) Notwithstanding any other law, a large group
9 health insurance policy issued, amended, or renewed on or after
10 January 1, 2014, that provides coverage for prescribed, orally
11 administered anticancer medications shall not require an insured
12 to pay a total cost-sharing amount of more than one hundred dollars
13 (\$100) per filled prescription.

14 (b) Notwithstanding any other law, an individual or small group
15 insurance policy issued, amended, or renewed on or after January
16 1, 2015, that provides coverage for prescribed, orally administered
17 anticancer medications shall not require an insured to pay a total
18 cost-sharing amount of more than one hundred dollars (\$100) per
19 filled prescription.

20 ~~(c) This section shall only apply to a high deductible health plan~~
21 ~~linked to a health savings account once an insured’s deductible~~
22 ~~has been satisfied for the year.~~ *With respect to a high deductible*
23 *health plan linked to a health savings account, this section shall*
24 *apply only if the insured’s deductible has been satisfied for the*
25 *year.* For purposes of this section, “high deductible health plan”
26 shall have the meaning as that term is defined in Section 223(c)(2)
27 of Title 26 of the United States Code.

28 SEC. 3. No reimbursement is required by this act pursuant to
29 Section 6 of Article XIII B of the California Constitution because
30 the only costs that may be incurred by a local agency or school
31 district will be incurred because this act creates a new crime or
32 infraction, eliminates a crime or infraction, or changes the penalty
33 for a crime or infraction, within the meaning of Section 17556 of
34 the Government Code, or changes the definition of a crime within
35 the meaning of Section 6 of Article XIII B of the California
36 Constitution.

O